



Walter Reed National Military Medical Center at Bethesda **2006-2007 Integration Plan** **Functional Integration Implementation: A Roadmap to Success** **The Integration Plan**

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Mission

The NCA Military Health System (NCA MHS) employs joint strategies among the Services to **integrate the delivery of the health benefit** to MHS beneficiaries **by providing health support for the full range of military operations and sustaining the health of all those entrusted to our care.** We maximize our operational readiness and keep the Uniformed Services mission-ready.



Shared Vision

We envision and are committed to **one integrated health system** which **leverages the assets of all** DoD health care treatment facilities in the National Capital Area (NCA). The tri-service Walter Reed National Military Medical Center at Bethesda will be **a worldwide military referral center** and together with the Uniformed Services University of the Health Sciences (USU) will represent the core of this integrated health system. **All** tri-service facilities in the NCA and USU will serve as a **premier academic medical system** focused on delivering the highest **quality care**, distinguished health professional **education**, and exemplary clinical and translational **research**.



Integration vs. *Functional Integration*

INTEGRATION is our ultimate goal. It is the total physical integration of the programs, systems, services, personnel, etc. Integration is scheduled to officially be achieved when the doors of the Walter Reed National Military Medical Center at Bethesda are opened on September 15, 2011.

FUNCTIONAL Integration is the time from spring of 2007 until September 15 of 2011. Functional integration refers to all the **intermediate steps** that will take place within our programs, systems, personnel, and developmental processes which will culminate in Military Medicine of the National Capital Area (NCA) being ***functional as one unit***, operating from two (or more) locales or physical facilities.



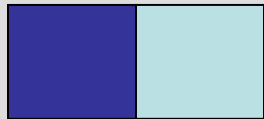
Uniformed Definitions & Rationale in Systematic Sharing and Collaboration



- Separate
 - Little or no relationship between organizations and functions



- Coordinated
 - Implies frequent communications and modest degree of cooperation.



- Connected
 - Regular and ongoing interaction between organizations and functions



- Consolidated
 - Combining systems, processes, services or institutions based on commonality while retaining original cultural identity of components.



- Integrated
 - Combining systems, processes, services or institutions based on commonality, creating an entirely new cultural identity of services provided using the best parts/practices from the original components while maintaining the cultural identity of each joining organization.



Objective #1:

Decisions are made and information is communicated across the NCA at the appropriate levels. The process, including planning and research, is thorough, timely, and minimizes surprises.

1. Identify functional areas of responsibility & develop appropriate teams.
2. Develop goals and objectives.



Objective #1(cont.):

3. Develop a systematic, reporting, decision making and communication process.
4. Identify methods for dispute resolution.
5. Communicate success and team outcomes/information periodically to the NCA.



Objective #2:
Integrate clinical departments of General Surgery, Orthopedics, and Internal Medicine by Sept 30, 2007, as evidenced by a single department head, a single training program, a single business plan, and functionally a

- single budget.**
1. Establish stakeholder working groups.
 2. Describe and validate departmental/program scope of services.



Objective #2 (cont.):

3. Define selection process.
4. Select service and departmental chiefs and program directors.
5. Develop and execute business plans.
6. Functionally develop single budget for each of the departments.



Objective #3:

Define relationships and responsibilities of leadership positions at the Academic Medical Center. Ensure the selection process for each position is inclusive and chooses the best qualified person

1. Identify and crosswalk current leadership positions: Department and program Chairs.
2. Analysis of consolidated document and identify department discrepancies.



Objective #3 (cont.):

3. Formulate PD for new leadership positions.
4. Establish leadership measures of effectiveness for:
 - Clinical
 - Fiscal
 - Quality
 - Personnel
 - Education
 - Research



Objective #4:

Guarantee a Tri-Service, integrated health system throughout the NCA that supports a medical readiness platform and beneficiary care. This objective will be measured by;
(1)

- the establishment of an integrated regional approach to focus on the delivery of a joint medical readiness platform, and (2) the establishment of command integration teams.**
1. Establish Joint Service Phase-In Plan working group.
 2. Identify all Tri-Service readiness platforms.



Objective #4(cont.):

3. ID market requirements
(met/unmet)/GWOT
requirements/Service unique
requirements
4. ID Health Program Education (HPE)
requirements.
5. Coordinate assignment of personnel
into joint clinical positions across the
NCA.



Objective #4 (cont.):

6. ID MTF staffing across the NCA.
7. Monitor progress of integration of Tri-Service readiness training platforms in the NCA.
8. Establish interoperability/MTF Integration Teams



Functional Integration

Functional Integration

Flag Group

Integration Advisory Council (IAC) Command Executive Board (CEB)

Overarching
Objectives

Collective
Decision
Making

Clinical
Integration

Selection &
Role of
Leaders

Integrated
MHS in the
NCA

Integration Steering Committee (ISC)

ISC Sub-
Committe
es

Administration

Clinical

Communications

Health Care Operations

Health Professions Ed.

Information Services

Nursing

Research

NCA MHS Integration Teams



Your Role in Integration

War Fighter/Beneficiaries/Community

